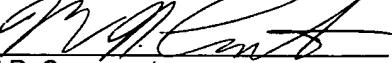
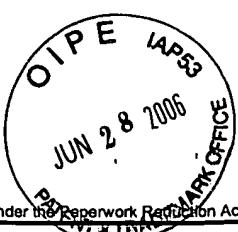




AMENDMENT TRANSMITTAL LETTER		Docket No. 1560-0373P																																					
Application No. 09/987,656-Conf. #7457	Filing Date November 15, 2001	Examiner D. B. Cobanoglu	Art Unit 3626																																				
Applicant(s): Masashi YASUDA et al.																																							
Invention: HEALTH CONTROL SYSTEM AND INFORMATION PROCESSING APPARATUS																																							
<p>MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>																																							
CLAIMS AS AMENDED <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Claims Remaining After Amendment</th> <th style="width: 15%; text-align: center;">Highest Number Previously Paid</th> <th style="width: 15%; text-align: center;">Number Extra Claims Present</th> <th style="width: 15%; text-align: center;">Rate</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">19</td> <td style="text-align: center;">- 20 =</td> <td></td> <td style="text-align: center;">x</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">6</td> <td style="text-align: center;">- 6 =</td> <td></td> <td style="text-align: center;">x</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;">Other fee (please specify): Extension for response within first month</td> <td style="text-align: center;">120.00</td> </tr> <tr> <td colspan="5" style="text-align: center;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: center;">120.00</td> </tr> </tbody> </table>					Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	19	- 20 =		x		Independent Claims	6	- 6 =		x		Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): Extension for response within first month					120.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00
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Total Claims	19	- 20 =		x																																			
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					120.00																																		
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity																																							
<input type="checkbox"/> No additional fee is required for this amendment.																																							
<input type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u> </u> . A duplicate copy of this sheet is enclosed.																																							
<input checked="" type="checkbox"/> A check in the amount of \$ <u>120.00</u> is enclosed.																																							
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																																							
<input checked="" type="checkbox"/> Credit any overpayment.																																							
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																							
 Michael R. Cammarata Attorney Reg. No.: 39,491																																							
Dated: <u>June 28, 2006</u>																																							
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000																																							



TFW

3626

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee TRANSMITTAL For FY 2005		Application Number	09/987,656-Conf. #7457
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	November 15, 2001
TOTAL AMOUNT OF PAYMENT (\$) 120.00		First Named Inventor	Masashi YASUDA
		Examiner Name	D. B. Cobanoglu
		Art Unit	3626
		Attorney Docket No.	1560-0373P

METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
19	- 20 =	x	=		
6	- 6 =	x	=		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 (round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

SUBMITTED BY					
Signature		Registration No. (Attorney/Agent)	39,491	Telephone	(703) 205-8000
Name (Print/Type)	Michael R. Cammarata			Date	June 28, 2006